

**INLAND COUNTIES EMERGENCY MEDICAL AGENCY***Serving San Bernardino, Inyo, and Mono Counties***515 N ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825****MICN CERTIFICATION**

- ☐ **Initial Certification** (\$ 85.00)
☐ **Continuous Certification** (\$ 85.00) **ICEMA Certification#:** _____ **Exp Date:** ____/____/____
☐ **Certification by Challenge** (\$225.00)
☐ **Inactive Certification** (No Fee)
☐ **Return to Active Status** (\$ 85.00)

Fees are Nonrefundable - Cash or Money Order Only - NO PERSONAL CHECKS ACCEPTED

Legal Name: _____
Last First Middle Sex(M/F)

Address: _____
Number & Street City State Zip

Date of Birth: ____/____/____ Phone #: (____) _____ - _____ Drivers License # _____

SSN #: _____ - _____ - _____ Employer: _____

VERIFICATION OF EMPLOYMENT AS AN MICN IN THE ICEMA REGION

To be completed by an ICEMA designated Base Hospital - Paramedic Liaison Nurse or Nurse Manager

I verify that _____, California RN License # _____ is currently/or will be employed at this facility as an MICN.

Facility Name Authorized Signature/Title Print Name Date

Field Time Verification (8 hrs)

(Continuous Certification only)

ALS Agency Name and Authorized Signature	ALS Contact (Y/N)	Date	Hours

ICEMA USE ONLY: Done By (Initials) _____ Photo: _____ ICEMA Cert. #: _____
CA RN License #: _____ Exp. Date ____/____/____ Effective: ____/____/____
ACLS Exp. Date: ____/____ (8) hrs Field Time ____ (1) SD _____ Exp. Date: ____/____/____
(6) hrs FCA _____ (2) ARC _____ cc to employer: _____ Accounting #: _____

MICN CERTIFICATION
(ICEMA PROTOCOL REFERENCE #15401)

Submit for Initial Certification:

- ☐ Copy of current California RN License
- ☐ Copy of front and back of a current, signed ACLS card
- ☐ Copy of current Drivers License
- ☐ Cash or Money Order (No personal checks)
- ☐ Copy of course completion certificate
- ☐ Current photo taken within last 6 months
(Drivers License size, no hats or tinted glasses)*

**Submit for Inactive Certification every
Two (2) Years of Inactivation:**

- ☐ Copy of current California RN License
- ☐ Copy of current ACLS card
- ☐ Complete the Inactive Certification
Education Requirements (*grid below*)

Submit for Continuous Certification:

- ☐ Copy of current California RN License
- ☐ Copy of front and back of current, signed ACLS card
- ☐ Copy of current Drivers License
- ☐ Cash or Money Order (No personal checks)
- ☐ Complete the Continuous Certification Education
Requirements (*grid below*)
- ☐ Current photo taken within last 6 months
(Drivers License size, no hats or tinted glasses)*

Submit for Return to Active Status:

- ☐ Copy of current California RN License
- ☐ Copy of current ACLS card
- ☐ Copy of current Drivers License
- ☐ Cash or Money Order (No personal checks)
- ☐ Copies of documentation of Inactive
Certification Education Requirements
- ☐ Current photo taken within last 6 months
(Drivers License size, no hats or tinted glasses)*

* Photo taken at ICEMA for no additional charge

**Document Continuous and Inactive Certification Education Requirements Below and
PROVIDE COPIES of the ROSTER or CE CERTIFICATE from EACH CLASS ATTENDED**

(1) Skills Day (SD), (6) hrs Field Care Audits (FCA), (2) Different Annual Review Classes (ARC)

Check (✓) the appropriate box:

SD (2)	FCA (6) hrs	ARC (2 different)	CE Provider Number	CE Provider Name	Date	Hours

I hereby certify that the information listed is true and correct and that I am eligible for certification and am not precluded from certification for reasons defined in Section 1798.200 of the Health & Safety Code. I understand that any fraudulent entry on this form may be considered cause for denial or subsequent revocation of my ICEMA certification. I hereby authorize ICEMA to verify any and all information contained herein and authorize release of any and all information as deemed relevant to the certification process and subsequent testing to my employer and/or assigned Base Hospital. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.

Signature

Date